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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/295,577
		Filing Date	April 22, 1999
		First Named Inventor	Richard A. Halavais
		Art Unit	3626
		Examiner Name	C. L. Gilligan
Total Number of Pages in This Submission	11	Attorney Docket Number	4456P001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> -Return Receipt Postcard (1)	
			Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 17, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Susan M. Barrette
Signature	
Date	November 17, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	C. L. Gilligan
TOTAL AMOUNT OF PAYMENT	(\$)	0.00
	Art Unit	3626
	Attorney Docket No.	4456P001

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	19	- 20 ^m = 0	x 25.00	= \$0.00
Independent Claims	3	- 3 ^m = 0	x 100.00	= \$0.00
Multiple Dependent				=

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissues claims in excess of 20 and over original patent

***or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity **Small Entity**

Fee Description

the filing fee or oath
the provisional filing fee or cover sheet.
specification
 Reply within first month
 Reply within second month
 Reply within third month
 Reply within fourth month
 Reply within fifth month
 Final
 Support of an appeal
 Final hearing
 Petition for a public use proceeding
 Commissioner
 Under 37 CFR 1.17(c)
Information Disclosure Stmt
 Action after final rejection (37 CFR § 1.129(a))
 Non-invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature				Date	11/17/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
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Attorney's Docket No. 004456.P001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Richard A. Halavais, et al.

Application No.: 09/295,577

Filed: April 22, 1999

For: INDIVIDUAL SEAT SELECTION
TICKETING AND RESERVATION
SYSTEM

Examiner: C. L. Gilligan

Art Unit: 3626

RESPONSE TO DECISION ON APPEAL

Mail Stop Appeal Brief-Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Decision on Appeal mailed September 19, 2005, Applicants amend the application and seeks reconsideration by the Examiner.